PTO/SB/21 (09-04)

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| TRANSMITTAL FORM  Application Number    10/664,490   |  |                                   |   |                        |   |   |  |  |  |
|--|--|-----------------------------------|---|------------------------|---|---|--|--|--|
| Figure 17, 2003  First Named Inventor John F. Boylan et al.  Art Unit John F. Boylan et al.  Art Experiment John F. Boylan et al.  Art Exper | ( )  |                                   |   | Application Numbe      | r   | 10/664,490  |  |  |  |
| At Unit 3731    Examiner Name   Michael G. Mendoza   | 👸 TRA  | AL.                               | Filing Date   |                        | September 17, 2003  |   |  |  |  |
| At Unit 3731    Examiner Name   Michael G. Mendoza   | MARKO  |                                   | First Named Invent  | or                     | John F. Boylan et al.   |   |  |  |  |
| Total Number of Pages in This Submission   17  |  |                                   |   | Art Unit               |   | 3731  |  |  |  |
| Total Number of Pages in This Submission  ENCLOSURES (Check all that apply)  ENCLOSURES (Check all that apply)  Fee Transmittal Form  Drawing(s)  Fee Atlached  Licensing-related Papers  After Allowance Communication to Board of Appeals and Interferences  Amendment / Reply  Petition  After Final  Petition to Convert to a Provisional Application to TC  (Appeal Notice, Brief, Reply Brief)  Proper of Attreey, Revocation  Change of Correspondence Address  Extension of Time Request  Express Abandonment Request  Request for Refund  CD, Number of CD(s)  Landscape Table on CD  Signature  Printed name  Thomas H. Majcher  CERTIFICATE OF TRANSMISSION/MAILING  I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class pasks an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the dates how heldow.  | (to be used for  | all correspondence after          | initial filing)   | Examiner Name          |   | Michael G. Mendoza                                |  |  |  |
| Fee Transmittal Form    Drawing(s)   | Total Number of  |                                   |   |                        | ımber   | ACSES-65471 (2133XXD)                             |  |  |  |
| Fee Attached    Clicensing-related Papers  |  | ENCLOSURES (Check all that apply) |   |                        |   |   |  |  |  |
| Firm Name  FULWHER PATTON LEE & UTECHT, LLP  Signature  Printed name  Thomas H. Majcher  Date  June 22, 2005  Reg. No. 31,119  CERTIFICATE OF TRANSMISSION/MAILING  I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:  Signature   | Fee Transmittal Form    Drawing()   Licensing   Licensing     Amendment / Reply   Petition     After Final   Petition to Provision     Affidavits/declaration(s)   Power of Change of Chan |                                   | g-related Papers  o Convert to a last Application  Attorney, Revocation of Correspondence Add  Disclaimer  for Refund | _                      | to TC  Appeal Communication to Board of Appeals and Interferences  Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  Proprietary Information  Status Letter  Other Enclosure(s) (please identify below):  1. Terminal Disclaimer 2. Check for \$130 |   |  |  |  |
| Firm Name  FULWINER PATTON LEE & UTECHT, LLP  Signature  Printed name  Thomas H. Majcher  Date  June 22, 2005  Reg. No. 31,119  CERTIFICATE OF TRANSMISSION/MAILING  I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:  Signature  |  | CIONATUE                          | E OF APPLICA  | NT ATTORNEY OF         | ACENT   |   |  |  |  |
| Printed name  Thomas H. Majcher  Date  June 22, 2005  Reg. No. 31,119  CERTIFICATE OF TRANSMISSION/MAILING  I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:  Signature   | Firm Name  | Firm Name                         |   |                        |   |   |  |  |  |
| Thomas H. Majcher  Date  June 22, 2005  Reg. No. 31,119  CERTIFICATE OF TRANSMISSION/MAILING  I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:  Signature   |  |                                   |   |                        |   |   |  |  |  |
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| date shown below: Signature  Signature   | I hereby certify that to   | this correspondence is be         | ing facsimile transr  | nitted to the USPTO or | deposited v   | with the United States Postal Service with        |  |  |  |
|  | date shown below:  | S III SI CIRSS III AIT EIIV       | _   | . Commissioner for Pa  | nomo, r.O.  | DON 1.1501 PHONORINA IN ELECTION 1.1700 UII III O |  |  |  |
|  | Signature Typed or printed na  |                                   |   | Date                   | June 22, 2005   |   |  |  |  |

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| Effective on 1200/200                       |                 | Complete if Known    |                              |                  |  |
|---|-----------------|----------------------|------------------------------|------------------|--|
| Fees pursuant to the Consolidated Appropria |                 | Application Number   | 10/664,490                   |                  |  |
| FEE TRANSM                                  | MIIIAL          | Filing Date          | September 17, 2003           | ptember 17, 2003 |  |
| for FY 200                                  | )5              | First Named Inventor | rentor John F. Boylan et al. |                  |  |
|   |                 | Examiner Name        | Michael G. Mendoza           |                  |  |
| Applicant claims small entity status.       | See 37 CFR 1.27 | Art Unit             | 3731                         |                  |  |
| TOTAL AMOUNT OF PAYMENT                     | (\$) \$130.00   | Attorney Docket No.  | ACSES-65471 (2133XXD)        |                  |  |
|   | <del></del>     |                      |                              |                  |  |

| TOTAL AMOUNT OF PA   | TIVIENT       | ( <del>4</del> )                           | 3130.00           | Attorney booker is       | o. ACSE          | 3-03471 (Z1337£7         |                                       |
|--|---------------|--|-------------------|--------------------------|------------------|--------------------------|---------------------------------------|
| METHOD OF PAYMENT (check all that apply)                   |               |  |                   |                          |                  |                          |                                       |
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| Deposit Account Depos                                      | it Account    | Number:                                    | 06-2425           | Deposit Ad               | count Name:      | FULWID                   | DER PATTON                            |
| For the above-identified de                                | eposit accou  | nt, the Director is                        | s hereby aut      | thorized to: (check all  | that apply)      |                          |                                       |
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| FEE CALCULATION  |               |  |                   |                          |                  |                          |                                       |
| 1. BASIC FILING, SEARCH                                    | I, AND EX     | AMINATION F                                | EES               | _                        | -                |                          |                                       |
|  | FILING I      |  | SEAR              | CH FEES                  | EXAMIN           | ATION FEES               |                                       |
| Application Type   | Fee (\$)      | Small Entity<br>Fee (\$)                   | Fee_(\$)          | Small Entity<br>Fee (\$) | Fee (\$)         | Small Entity<br>Fee (\$) | Fees Paid(\$)                         |
| Application Type   | 300           | 150  | 500               | 250                      | 200              | 100                      | i ccs i aid(v)                        |
| Utility  | 200           | 100  | 100               | 50                       | 130              | 65                       | · · · · · · · · · · · · · · · · · · · |
| Design   |               |  |                   |                          | 160              | 80                       |                                       |
| Plant  | 200           | 100  | 300               | 150                      |                  |                          |                                       |
| Reissue  | 300           | 150  | 500               | 250                      | 600              | 300                      |                                       |
| Provisional  | 200           | 100  | 0                 | 0                        | 0                | 0                        |                                       |
| 2. EXCESS CLAIM FEES                                       |               |  |                   |                          |                  |                          | <b>Small Entity</b>                   |
| Fee Description  |               |  |                   |                          |                  | Fee (\$)                 | <u>Fee (\$</u> )                      |
| Each claim over 20 (including                              | •             | •  |                   |                          |                  | 50                       | 25                                    |
| Each independent claim over                                | r 3 (includi  | ng Reissues)                               |                   |                          |                  | 200                      | 100                                   |
| Multiple dependent claims                                  |               |  |                   |                          |                  | 360<br>Multiple D        | 180<br>Dependent Claims               |
| Total Claims   | Extra Clair   | ns Fee (\$)                                |                   | Fee Paid (\$)            |                  | Fee (\$)                 | Fee Paid (\$)                         |
| 17 - 20 or HP =  | EAGE CIE      |  | \$50.00 <u></u> = | = \$0.00                 |                  | <u></u>                  |                                       |
| HP = highest number of total cla                           | aims paid fo  |  |                   |                          |                  |                          |                                       |
| Indep. Claims  | Extra Clair   |  |                   | Fee Paid (\$)            |                  |                          |                                       |
| -3 or HP =   |               |  | <u>200.00</u> =   | =\$0.00                  |                  |                          |                                       |
| HP = highest number of indeper  3. APPLICATION SIZE FEI    |               | s paid for, if great                       | ter than 3.       |                          |                  | -                        |                                       |
| If the specification and drawi                             | nas exceed    | d 100 sheets of                            | paper (exc        | cluding electronically   | y filed sequen   | ce or computer li        | isting under 37                       |
| CFR 1.52(e)), the application U.S.C. 41(a)(1)(G) and 37 C  | n size fee d  | ue is \$250 (\$12                          | 25 for smal       | l entity) for each ad    | ditional 50 she  | eets or fraction th      | iereof. See 35                        |
| Total Sheets   | Extra Sh      |  | lumber of e       | ach additional 50 or     | fraction there   | of Fee (\$)              | Fee Paid (\$)                         |
| 100 =  | 0             | / 50                                       | 0                 | (round up to a           | whole numb       | er) x <u>\$250.00</u>    | = \$0.00                              |
| 4. OTHER FEE(S)  |               |  |                   | •                        |                  |                          | Fee Paid (\$)                         |
| Non-English specification,                                 |               | no small entity                            |                   |                          |                  |                          |                                       |
| Other (e.g., late filing surcha                            | rge): Te      | rminal Disclain                            | ıer               |                          |                  |                          | \$130.00                              |

| SUBMITTED BY      |         |                                       |           |                |
|-------------------|---------|---------------------------------------|-----------|----------------|
| Signature         | Thus HM | Registration No. (Attorney/Agent) 31, | Telephone | (310) 824-5555 |
| Name (Print/Type) | Tho     | mas H. Majcher                        | Date      | June 22, 2005  |

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